

# Kenton Clinic

## Quality Report

533a Kenton Road, Kenton, Harrow, HA3 0UQ  
Tel: 020 8204 2255

Date of inspection visit: 8 November 2016  
Date of publication: 12/01/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to Kenton Clinic	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

Following a comprehensive inspection of Kenton Clinic on 21 December 2015 the practice was rated as inadequate for providing safe, effective and well-led services and good for providing caring and responsive services. The practice was given an overall inadequate rating and placed in special measures. The provider was found to be in breach of two regulations of the Health and Social Care Act 2008. At the inspection shortfalls were identified with the systems in place to keep people safe, the delivery of effective care and treatment and with providing well-led services.

We then carried out an announced comprehensive inspection on 8 November 2016 to consider if the regulatory breaches in the previous inspections had been addressed and to consider whether sufficient improvements had been made to bring the practice out of special measures. At this inspection we found significant improvements had been made. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, national GP survey performance for caring indicators was generally below local and national averages.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Continue to improve services in line with patient feedback.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice generally below local and national averages for caring indicators.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had engaged with the CCG to provide an enhanced nursing service (a scheme designed to provide care for vulnerable housebound patients).
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a weekly clinic for the care of older people and closely liaised with local social services, district nurses and the short-term assessment, rehabilitation and resettlement service.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority for support from the nurses.
- Quality and Outcomes Framework performance for diabetes related indicators was 95% compared to the CCG average of 88% and the national average of 90%.
- Longer appointments and home visits were available when needed. A dedicated long-term condition clinic was provided.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to the local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

# Summary of findings

- The practice's uptake for the cervical screening programme was 79% compared to the CCG average of 77% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including the homeless and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to the national average of 84%.

Good



# Summary of findings

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months compared to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. Two hundred and seventy three survey forms were distributed and 116 were returned. This represented 4% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice's friends and family test showed that 92% of respondents recommended the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to improve services in line with patient feedback.

# Kenton Clinic

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

### Background to Kenton Clinic

Kenton Clinic is situated at 533A Kenton Road, Kenton, Harrow, HA3 0UQ. The practice provides NHS primary care services to approximately 3,300 patients living in Brent and Harrow through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of NHS Harrow Clinical Commissioning Group (CCG).

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services and surgical procedures.

The practice serves a higher than average number of people 25-39 years of age. There is also a higher than average number of children under five years of age. Life expectancy is 82 years for males and 86 years for females which is above national average. The local area is the third less deprived in the London Borough of Harrow (people living in more deprived areas tend to have greater need for health services).

The practice team consists of one male GP partner (8 sessions per week) and one female GP partner (5 sessions per week), a practice nurse (two days a week) and a practice manager who is supported by a small team of

reception and administrative staff. The practice has also employed a second nurse to cover the other three days of the week and to carry out an enhanced nursing role (a scheme designed to provide care for vulnerable housebound patients).

The practice is open between 8am and 7pm Monday, Tuesday, Thursday and Friday and on Wednesday 8am to 1pm. The practice provides extended hours from 6.30pm to 7pm Monday, Tuesday, Thursday and Friday. The practice operates a two-hour Saturday morning clinic and on Christmas Day, Boxing Day and New Year's Day for emergencies. When the surgery is closed, out-of-hours services are accessed through NHS 111.

The practice provides a wide range of services including clinics for chronic illnesses, childhood immunisations, NHS health checks, cervical smears, smoking cessation and travel vaccinations.

The practice has been a teaching practice since 2009 and has participated in the training programme for 3rd, 4th and final year students at Kings College Medical School.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Following a comprehensive inspection of Kenton Clinic on 21 December 2015 the practice was given an overall inadequate rating. The practice was placed in special

# Detailed findings

measures and was found to be in breach of two regulations of the Health and Social Care Act 2008. At the inspection shortfalls were identified with the systems in place to keep people safe, the delivery of effective care and treatment and with providing well-led services.

The provider was required to take the following action:

- Implement a system to ensure all clinicians are kept up to date with NICE and national guidance.
- Ensure there is an effective system in place for the receipt and distribution of safety alerts to all staff.
- Undertake a programme of continuous quality improvement, for example, clinical audits and re-audits to drive improvement.
- Ensure there are formal arrangements in place for reviewing patients with long-term conditions which includes an effective recall system.
- Ensure arrangements are in place for the effective management of medicines including vaccines and that there is a system for recording prescription pad serial numbers.
- Ensure staff understand their role and responsibility when chaperoning.
- Review arrangements for handling emergencies, for example, availability and use of panic alarms.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff including locums.
- Ensure confidential medical records are not on view and securely locked away.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 November 2016.

During our visit we:

- Spoke with a range of staff (two GP partners, a practice nurse, the practice manager, three non-clinical staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

When we inspected in December 2015 we found the practice to be inadequate for providing safe services. There were no procedures in place for the dissemination of patient safety alerts or evidence that they were acted on. The temperature of the vaccine refrigerator was not appropriately checked and some clinical equipment had not been calibrated. Not all pre-employment checks had been carried out in line with practice policy, checks had not been made on a recent locum doctor, and there was no locum induction pack to ensure locums had all the necessary information to work safely at the practice. Patient's medical records were not stored confidentially. At this inspection we found significant improvements had been made:

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The provider complied with a duty of candour.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident that occurred was where a histology sample was sent to the laboratory without a label. The practice took action by sending a staff member to the laboratory to label the sample. Learning was shared in a staff meeting which was to check all future samples are labelled before sending to the laboratory, this was evidenced in meeting minutes we reviewed.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible which was evidenced by meeting minutes we reviewed. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All clinical staff were trained to child protection or child safeguarding level 3 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). A cold chain policy was maintained, vaccines stored at appropriate temperatures and daily temperature checks recorded. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank

## Are services safe?

prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- A locum pack was in place to ensure locums had all the necessary information to work safely at the practice.
- Patients medical records were stored confidentially in locked cabinets behind reception and in a separate room on the first floor of the practice.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Panic alarms were available in all the consulting rooms and they were easily accessible in case of an emergency situation. Staff were aware of their location and knew how to use them.
- All staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely and the practice held stocks of antibiotics which was not available at our previous inspection.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

When we inspected in December 2015 we found the practice to be inadequate for providing effective services. The doctors were not up to date with best practice guidelines and during a comprehensive review of patients medical records we identified concerns in relation to the management of patients with long-term conditions and those prescribed high risk medicines. In addition the practice could not demonstrate quality improvement and clinical audit was not carried out. At this inspection we found significant improvements had been made:

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through clinical audits.

We reviewed, in detail, a sample of 22 patients medical records including those of patients diagnosed with asthma, diabetes, hypertension, chronic kidney disease, dementia, epilepsy and patients on high risk medicines including those prescribed Disease-Modifying Anti-Rheumatic Drugs (DMARDs) and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) both used in the treatment of Arthritis. In addition we reviewed patients receiving palliative care and those experiencing poor mental health. The medical records showed that patients were prescribed their medicines in line with NICE guidance, their conditions and medicines had been reviewed within the last 12 months and blood tests were carried out where appropriate. The provider had implemented a recall protocol to ensure patients were contacted for review at appropriate intervals.

Since our previous inspection the practice had introduced care plans for patients at high risk of hospital re-admission. The practice had identified 95 at risk patients, 63 of whom had received a one hour consultation and had a comprehensive care plan in place.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with exception reporting of 7% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 95% compared to the CCG average of 88% and the national average of 90%.
- Performance for hypertension related indicators was 100% compared to the CCG average of 96% and the national average of 97%.
- Performance for mental health related indicators was 100% compared to the CCG average of 93% and the national average of 93%.

When we inspected in December 2015 we found that the practice's disease registers were low for chronic obstructive pulmonary disorder (COPD) and depression. At this inspection we found the practice had increased the number of patients identified with depression from three to 73. The number of patients identified with COPD remained at 16. The practice told us that although they were doing spirometry they had not diagnosed additional patients with COPD.

At our previous inspection QOF data from 2014/15 showed exception reporting for diabetes and hypertension related indicators was higher than both the local and national average. At this inspection QOF data from 2015/16 showed exception reporting for diabetes had improved across all the diabetes indicators. For example, the exception rate in 2014/15 for the percentage of patients with diabetes, on the register, in whom the last blood sugar reading was 64 mmol/mol or less in the preceding 12 months was 25%

# Are services effective?

## (for example, treatment is effective)

which was 14% above the CCG average and 12% above the national average. The exception rate in 2015/16 had reduced to 10% which was 1% above the CCG average and 2% below the national average.

The partners told us that diabetes exception reporting was been continually monitored and we were shown evidence that only one diabetes patient had been excepted in the current QOF year (2016/17). QOF data from 2015/16 also showed that exception reporting for hypertension related indicators was now below local and national averages.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits carried out since our inspection in December 2015, two of these were completed audits where the improvements made were implemented and monitored. The first completed audit was carried out to check that patients on Disease-Modifying Anti-Rheumatic Drugs (DMARDs are used to treat arthritis) had received a blood test in the last three months in line with NICE guidance. The initial audit identified that two of 21 patients prescribed DMARDs had not received a blood test in the last three months. An action plan was implemented and the second cycle of the audit showed that all patients prescribed DMARDs had received a blood test. The second completed audit was carried out to check Clopidogrel prescribing (antiplatelet agent used to inhibit blood clots) was in line with NICE guidance. The initial audit identified that 87% of patients were prescribed Clopidogrel in line with NICE guidance. An action plan was implemented and the second cycle of the audit showed that 100% of patients were prescribed Clopidogrel in line with NICE guidance.

At the inspection the senior GP provided us with CCG data that demonstrated how the practice was performing compared to other local practices within Harrow CCG. The data showed:

- The lowest accident and emergency attendances within CCG.
- The lowest attendance at walk-in centres and urgent care centres within the CCG.
- The third lowest out-patient referral rates within the CCG.
- The lowest prescribing costs within the CCG.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through appraisal and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings and appraisal. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

# Are services effective?

## (for example, treatment is effective)

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. All clinical staff understood Gillick (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had consent forms for minor surgical procedures.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79% compared to the CCG average of 77% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 94% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced in terms the practice providing a caring service. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients said the practice offered a personal service and staff took time to get to know them as well as providing care and treatment.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or below local and national averages. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

The practice was collating feedback from their own patient questionnaire on a monthly basis. The results showed the practice was performing well in terms of patient satisfaction with the caring aspects of the service. For example the results from October 2016 where 40 patients responded showed that 93% of patients had a high level of

## Are services caring?

satisfaction in relation to GP and nurse consultations. The provider told us this active monitoring of patient experiences and national GP patient survey results would be used to make further improvements.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified only 43 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice offered annual health checks and flu vaccinations to carers. Staff had attended a carer's awareness course.

Following our inspection the practice had taken action to improve this area by writing to patients to seek further information about carers. This area will be examined at our next inspection of this service.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had engaged with the CCG to provide an enhanced nursing service (a scheme designed to provide care for vulnerable housebound patients).

- The practice offered a 'Commuter's Clinic' on a Monday, Tuesday, Thursday and Friday evening until 7pm for working patients who could not attend during normal opening hours.
- The practice provided a two-hour Saturday morning walk-in clinic for emergencies.
- The practice was open on Christmas Day, Boxing Day and New Year's Day for two hours for emergency appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The senior partner personally visited and administered the flu vaccination for all housebound patients requiring this.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and they were referred to other clinics for vaccines available privately.
- Telephone consultations were available and online access to appointments.
- There were disabled facilities and translation services available. There was no hearing loop for those patients hard of hearing however the practice had access to British Sign Language services. Staff spoke a range of languages including Gujarati, Hindi, Urdu, Punjabi, Tamil and Greek.

### Access to the service

The practice was open between 8am and 7pm Monday, Tuesday, Thursday and Friday and on Wednesday 8am to 1pm. Appointments were from 9.30am to 1pm every morning and 5pm to 6.30pm daily except Wednesday. The

practice provided extended hours from 6.30pm to 7pm Monday, Tuesday, Thursday and Friday and operated a two-hour Saturday morning clinic and on Christmas Day, Boxing Day and New Year's Day for emergencies. In addition to pre-bookable appointments urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 68% of patients with a preferred GP usually got to see or speak to that GP compared to the CCG average of 49% and the national average of 59%.
- 66% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 53% and the national average of 65%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary and

the urgency of the need for medical attention. When a home visit request was received by reception staff it was entered into the clinical system and then the duty doctor would call the patient to assess their needs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, 999 emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system including information in the practice leaflet and a poster in the waiting room.

We looked at three complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns

and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, one complainant said that a clinical staff member was rude and abrupt during a consultation. The practice's complaints policy was followed and the patient received a written apology from the practice. The complaint was discussed with relevant staff and learning shared.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

When we inspected in December 2015 we found the practice to be inadequate for providing well-led services. The practice did not have adequate systems or processes in place to effectively demonstrate good governance in all areas of the service provided. There was no strategy to deliver the practice vision or supporting business plans. At this inspection we found significant improvements had been made without any external support.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had implemented a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The senior partner told us that the practice was taking action to improve its patient participation group (PPG). The practice had appointed a representative from the Harrow patient's participation network (an umbrella organisation for all patient participation groups in harrow CCG) to support and mentor the practice to establish a more proactive PPG. A new chair had been appointed and new members had joined. The practice had gathered feedback from patients through annual satisfaction surveys and regular questionnaires. These were used to improve the service provided. For example, the practice had improved access to

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

appointments as a result of patient feedback. The provider told us in future the PPG would be involved in carrying out surveys and submitting proposals for improvements to the practice management team.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.